

The Bisexual Identity of Transsexuals: Two Case Examples¹

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Clinical data from two cases of male transsexualism, a child and an adult, illustrate the nature of the bisexuality typical of such patients. The first, an 8-year-old boy whose desire to be a girl is seen in his constant dressing and acting like a girl, confirms in play therapy, story telling, and drawings his fantasies of being a female. However, these fantasies are never free of the knowledge that he has a penis and a male identity as well. That this bisexuality persists into the transsexual's adulthood is exemplified in the fantasy life of the second case, a 30-year-old operated male transsexual. The memory, "I was once a boy" never quite fades away; no matter how successfully the passing as a woman is managed, she cannot rid herself of the secret maleness. The belief in such patients that they are fundamentally female though possessed of an anatomically normal male body will persist through adulthood, unaltered by "sex change," by hormonal or surgical procedures, or by living successfully for years as a woman. This bisexuality is conscious, painful, and not assuaged by symptom formation, forgetting, or other defenses that would remove the conscious sense of having two sexes. In the child the unwanted sense of belonging to the male sex, which causes a disquieting undercurrent, can be used as the base upon which a more solid sense of masculinity can be built. Unfortunately, for the adult transsexual the balance of the "two-sexed" awareness cannot be tipped to a willingness to live as a man; despite treatment aimed at making them more manly, adult transsexuals retain their wish to be female—and their secret knowledge that, after all the operations and female hormones, a male part remains untouched within.

INTRODUCTION

Individuals with extreme psychopathology have traditionally been a source for elucidating psychoanalytic principles. Transsexuals—people who feel as if they are members of the opposite sex and who wish to change their sex (although quite aware of their true biological sex)—have thus helped us trace origins of the sense of maleness and femaleness and study forces which distort masculinity and femininity. Over the past 12 years our research group has become familiar with adult male to "female" transsexuals by treating them; since male adult transsexuals say their femininity started

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in early childhood, we have also studied profoundly feminine boys who wish to grow up to become females.

In the family dynamics of profoundly feminine boys is found an extremely close, blissful symbiosis which the mother creates with her son and maintains not for a few months (which would be unremarkable) but uninterruptedly for the first 4 or more years of life. [The clinical material upon which this finding and others which contribute to the femininity are based is described elsewhere (Stoller, 1968).] However, this paper deals not with the origins of the profound femininity with mother but rather with the circumstances which sustain it as a powerful determinant of personality after infancy.

We believe the male transsexual's insistence on sex-change procedures (including change of sex on the birth certificate, female hormones, surgical removal of male genitals, and construction of an artificial vagina) represents an attempt to resolve a conscious sense of being split into two sexes, a bisexuality which is the result of this identification with mother and a simultaneous painful awareness of being male.

The term "bisexuality" has several connotations, and so it is important that we say how we shall use it in this paper: by "bisexuality" we shall mean the presence of demonstrated⁴ masculine and feminine⁵ qualities, both in the same person. "Masculine" and "feminine," then, will be used here to connote psychological, not biological qualities.

CASE MATERIAL

Our first case is a transsexual boy we have had in treatment for about 3 years, along with his mother (from the beginning) and father (in the past year). He and his mother exemplify the subtle battle such mothers and sons fight to prevent destruction of their closeness and of its binding force: the boy's femininity. The question whether sex-change procedures resolve the bisexual identity of the transsexual is examined in the report of our second case, based on the 10-year treatment (no analysis) of an operated male-to-"female" transsexual. In brief, we found that the awareness of having once been, and of still being a male despite sex-reassignment surgery, interferes with the transsexual's complete integration as a woman.

Case 1

This boy, now about 8, was first seen by us when he was 4½. His family had noticed he was feminine as far back as they could recognize any behavior that might be gender-typed. By the time he was 2, he was dressing *ad libitum* in his mother's and sister's clothes and shoes, putting on makeup, and saying that he wished he were a girl and hoped to grow up to be a woman. From these early days until treatment began to have its effects, his gestures, movements, expressions, fantasies at play, choice of vocabu-

⁴ By "demonstrated" we mean manifestations that can be observed by an observer (reported fantasies and dreams, behavior, appearance, etc.).

⁵ The terms "masculine" and "feminine" will not be used here to connote biological attributes for which the correct adjectives are usually "male" and "female." There is, of course, "male" and "female" bisexuality, that is, a mixing in one person of biological attributes of sex, e.g., anatomical hermaphroditism.

lary, hair style, and outspoken desires were those of a girl. His mother was unable to give examples of masculine behavior that she had ever witnessed in his life.

Yet, he knew that he belonged to the class called male, for he knew that he had a penis—the anatomical insignia of maleness—and a male name and that his parents had no question that he was a male. This fact became a crucial hinge of the treatment, which was aimed at turning him around so that the way he felt about himself would correspond to his knowledge of his anatomical sex. If one were not able to tell him, “You are a boy,” and have the boy admit that he knew it even if he didn’t like it, the treatment would be doomed. But, by ages 5, 6, and now 8 at the time of writing, he has received plenty of messages, not only in therapy but also at school and among his friends, that what he has known and feared is true: he is a boy. Some feel of his bisexuality can be seen in the following:

The boy made a drawing of two people standing beside each other, each dressed glamorously in miniskirt and blouse, high-heeled shoes, and each carrying a pocket-book. One, however, had longer hair; the other, with short hair, carried a handkerchief on which the name “Bill” was printed along with tiny red hearts. Both figures had happy smiles on their faces. Both figures looked like girls.

However, the patient said that the figure with the handkerchief “Bill” was a boy. In response to his therapist’s (Dr. N) surprise, since “Bill” appeared a girl, the patient (PT) replied:

PT: Well, he’s dumb. He’s a tom-girl. You see, a tom-boy is a girl that acts like a boy, and a tom-girl is a boy that acts like a girl. He’s a boy, but he’s pretending to be a girl. He has a penis. He acts like a girl. He’s a tom-girl. He wants to be a girl. He’s pretending to be mommy playing house. He thinks he’s a girl, even though he has a penis.

Dr. N: How did he get those ideas about himself?

PT: His mommy and daddy said he was a boy, but he thinks it is a joke. He doesn’t believe he is a boy. He doesn’t know his penis makes him a boy. He knew he had a penis. But he thinks everybody is born different, you know, like snowflakes are all different. That’s his sister standing next to him. She says “You are a boy, not a girl.” She hits him because he steals her clothes. He was born with his mother. He used to go to ladies’ dress stores with his mother. No boys around; he used to get dolls. So he just thought he was a girl. He felt real sad when he found out he wasn’t a girl. I don’t think he can get used to the idea of being a boy. You can never convince that stupid idiot. He won’t listen. Because he doesn’t want to listen to anybody about this. He says, “Drop the subject,” in an effeminate voice. He’ll just act like that—and be a lady. He’ll always dress like that. Police will try to kill him. He’ll tell the police his mother took him to ladies’ shops and that’s why he thinks he’s a lady. He’s mad at his mommy because he doesn’t want to know the facts of life. He would have liked to keep on thinking he’s a girl and never know the truth.

This fantasy tells us that the little boy knows he is a boy—that he possesses a penis—but that he wishes he were a girl. He acknowledges the dangers of treatment, which push him toward being a boy, and he recalls those happier days when he was “born with his mother” and could go with her to “ladies’ shops.” His fantasy reflects the former reality of his own life. He also was permitted (encouraged) by his admiring mother to dress up in girls’ clothing, to play with dolls, and to wear mommy’s shoes

before treatment began. His father, a quiet, passive man, preoccupied with his work and away from the home 12 hours a day, 7 days a week, took no interest in the boy and in no way interfered with his son's increasingly feminine behavior. Later, when the boy learned that the *fact* that his male status meant that he would eventually have to give up all the pretty things he loved, he was shocked and saddened. In his fantasy, "Bill" is denying the meaning of a male status in the same way that the patient attempts to deny the meaning of his own maleness.

Here is an anecdote revealing quite a bit about the cause and maintenance of this boy's bisexual identity:

Dr. Newman was present in a park on Halloween when the patient was brought by his parents to participate in a costume contest. His mother had said that the boy was going to be dressed as a king, but when he was seen by chance in the park he was dressed in gold lamé, draped allegedly to look like a "king's robes." In fact, he looked like a little girl in a gold dress. There were no masculine attributes of kingship visible, such as a beard, sceptre, or sword, and what allegedly was the king's crown looked like a queen's tiara. The effect was bizarre and only enhanced the boy's already feminine appearance. With his graceful movements, he was mistaken for a girl. On being asked about the costume, his mother said she planned to enter him into the "most beautiful" category for prizes. All the rest of the contestants in this category were girls. She reported that a friend who had just seen her son had said, "He looks just like a little girl in that costume." Rather than accepting this as a warning that the costume was inappropriate, this mother chose to interpret what was said as something unwarranted about which she could do nothing, that is, other people's strange perceptions of her son. She could not acknowledge that the costume that she had created (and which her son loved to wear) was not that of a king but was in fact very feminine.

She did not change the costume during that evening, and even after having been told by the therapist that it was clearly feminine (and hence inappropriate as a play-thing), she kept it to be used in later days for the child's play.

Case 2

This patient is a 30-year-old male transsexual, whose early childhood history is essentially the same as that reported in case 1 (such as wanting to grow up to become a woman, dressing in feminine clothes as much as possible, playing with dolls and always taking the female roles, playing with girls, and avoiding the company of boys). Presently the patient lives as a woman. Her original (male) sex is unsuspected in society. She is pretty, graceful, and stylish, with a fine, feminine figure. Married for 4 years as a woman, she is now divorced. Following a few years of having many affairs, she has been living monogamously with a man for the past 3 years. Because she has taken estrogens continuously since puberty (stolen from her mother until she was 18 and subsequently prescribed by physicians), she has no facial hair, has body hair distribution normal for a woman, and has completely female-appearing secondary sex characteristics. About 10 years ago, her penis and testes were removed and an artificial vagina created.

As a little boy this patient was identical clinically with the little boy in the first

case. That is, she said that as far back as she could remember she had wanted to be a girl, thought she would be a girl when she grew up, and dressed and acted like a girl whenever possible in childhood. This history was confirmed and amplified by her mother, who also had the typical bisexual identity disorder other mothers of transsexual boys have had and who also handled this son (the patient) as do these other mothers (Stoller, 1968).

As is the case with all these transsexual infants, the baby was recognized at birth to be a biologically normal male, and the proper assignment was made unequivocally and accepted by the parents. Nonetheless, because of the excessive closeness between mother and infant, and with father psychologically and physically absent, the process that creates the transsexual boy went into effect at birth and persisted throughout childhood.

This patient has been seeing Dr. Stoller for psychotherapy, with a main complaint of boredom. Although she had long since succeeded in passing as a woman, this did not solve the routine miseries of her life; so life is dull, not glamorous. After her male genitals were removed and an artificial vagina constructed, she reported great pleasure and orgasm in intercourse with men. But as the years passed, she had increasing difficulty in reaching orgasm. Since puberty she had been using very elaborate and drawn-out story-telling as the primary method of getting excited, but, more and more, she had discovered that, unless especially excited, she could only have an orgasm if she continued the elaboration of these fantasies during intercourse. It seemed possible that this boredom during sexual relations was partly the result of an inhibition due to her feeling that she somehow retained inside her body as part of her old, former, male self and that this part was almost physically resisting the limitless sense of penetration and relaxation that she would otherwise be able to reach during intercourse. Each sex act was not only an erotic experience but also a test of the success of the body transformation, and since her partner's penis was in there where "he" (her boyhood) still lived, the patient could never relax into the safety of a complete sense of femaleness. Hence her body would inhibit (tense up against) a complete relaxation that might permit her partner's penis to search everywhere, to reach anywhere.

When treatment reached the point that these factors were conscious, Dr. Stoller suggested to the patient, now that she knew and trusted him much more, that she take a chance and permit exploration and discovery of the dimensions of this male remnant. The following material is from that stage in treatment.

Use was made of her fantasy life, somewhat in the way the child therapist uses the playroom. She was asked to risk a conscious effort at changing the main character in the story she had been spinning for years. The main character in this fantasy was the empress of a country. As empress, she was sole ruler; the power was not shared by an emperor, king, prince consort, or any other man. While the empress took lovers from among the most masculine generals in her army and was known to be often raped by attacking emperors and generals of neighboring countries, the actual act of intercourse either was foiled or, if it took place, was never pictured as part of the manifest story (but was, for instance, only remarked upon after the fact as having happened). It was suggested to the patient that she now permit her empress to be seduced by any men she chose, that however difficult it was for the empress to do what she wanted, she

nonetheless suppress any desires to fight back, or any attempts by the patient—the story teller—to skip over this part. The empress was then to find herself, under the most idyllic circumstances, willing to accept a lover, and it was stressed that she was to sense him moving into her relaxed and accepting body.

The week after, the patient reported that she had tried to use such fantasies and that, while the empress had felt and acted more femininely than ever before, there was something (non-anatomical) inside—a stiffening, a tenseness, a barrier—which prevented her from relaxing completely and drawing her lovers into her body.

Then, for the first time in treatment, the evidence rose to the surface, and it could be seen (not just surmised) that the boy lived deep within her and that it was this sense of his presence that made it impossible for her in her real life to be fully penetrated in a psychologically meaningful way (although there was no anatomical difficulty in vaginal penetration). She then recognized that her boredom in part was a state of dynamic equilibrium between the part of herself that felt female and the part that felt male. She experienced maleness as occupying only a small part of the total space of her sense of herself, but, since that small space was as integral as a vital organ, it was not possible to extirpate it. All that could be done was to encapsulate it and then maintain the capsule wall impervious against any psychological penetration. The result was that she could never be fully stirred, never abandon herself completely to any relationship (nonsexual as well as sexual), and never accept and give intimacy from any part of her depths for fear that this most private part would be entered. She was not trying to preserve it because it was precious; she would have preferred not to have it. However, she recognized that it could not be removed, being an essential aspect of herself from her very beginnings.

Here are excerpts, taken from hours while we were working at this level, that exemplify some of these points:

- N: I want to get rid of my depressions—not all of them—but normal. . . . I want to be normal like that. I feel like I am going to be on a pussy bummer the rest of my life.
- Dr. S: What's a pussy bummer?
- N: Well, that's my own thing because I have got a synthetic box and maybe there is something in me. . . . I know there always was, you know, this bit about being different and everything and really I think that everyone that's fat knows they are fat, everyone that limps or is cross-eyed knows they are cross-eyed and, well . . . not everyone but maybe a lot of them . . . and they don't usually forget it all the time and it might just affect everything they see and everything they do, even if only in a teensy-weensy little bit—but then maybe we all do that to a certain extent.
- Dr. S: You cannot lose your past history. Somewhere within yourself you remember you're different from other girls because you started out as a boy and you say . . . even though it doesn't show to anybody, you can't lose that memory completely.
- N: Yeah, it's getting more to the point where my present life isn't bounced off the path, you might say, by memories of my past life.
- Dr. S: It's getting to be smaller all the time. . . . have you felt a part of yourself who is calmer?
- N: Oh yes. Every once in a while. But not so often. But I felt it. I always remember feeling like that. It's not happy feelings like "happy tra-la-la-la" all the time, but just a happy, contented feeling. I had such a little twitch of a feeling like that on the

- way over here . . . [but at times] there is no spontaneity or realness to it at all. It's just dead. And it's like an act. It's like having memorized lines in a play. It might come off real well if you can carry it off, but the feeling in you is dead. . . .
- Dr. S: I am asking you this because of what you said about why you come to treatment. What I am looking for: I am looking for *you*—a feeling that you have of being you. Now that's a very dangerous search for you, because you never know if you are going to run upon the boy you once were.
- N: That's what I am afraid of.
- Dr. S: You are so afraid of that, and you can't ever say, the way another woman can say, you can't say, "Oh. That's only my imagination" or "When I was a little girl, I sure envied the boys. I wished that I had been a boy, and by God, maybe I'll come upon that." You don't say that. What you say is, "When I was (not that I imagined that I was), *I was*. Am I going to come upon that? And if I come upon that, then that means that for that moment while I remember it, *I am* again." You know, that's what memories do; they make us experience in a small way again. But you know it's OK for a woman to experience again the memory of when she was a little girl and she suffered this when she was a little girl. When *you* go back, you at some place cross over a bridge which separates one country from another . . . and that doesn't happen to *anybody* else. . . .

After a first surge of interest in what she was finding in herself, she backed away. It was too much for her to risk. The treatment having reached this level of intensity, the patient, as she had done each time there was a breakthrough into dangerous matters, broke off. For months she did not contact her therapist. Then, again becoming despairing and convinced that her boredom could not change, she became suicidal and desperate enough to call to renew treatment.

However, a couple of months before calling, she sent a notebook filled with the most detailed description of her fantasied country, its battles, its diplomatic endeavors, the activities of the generals and soldiers, the assaults upon various strong points, all of this accompanied by drawings, maps, footnotes, and other paraphernalia used to make the story realistic for her. In the midst of this mass of detailed "information," one point came through: the empress was unable to maintain intact the boundaries of her country, which, for the first time was successfully invaded by foreign troops, who, surprisingly, while subduing the country, caused no physical damage. As a result of this conquest the empress had been reduced in power, and was now only a duchess, no longer commanded the armies, and was spending much more of her time in the countryside enjoying a peaceful, feminine courtly life. She also was anxious to be seduced.

When the patient returned to treatment, and after the immediate problem of her sense of despair was taken care of, she began talking of the changes in her fantasy:

- Dr. S: In the letter you sent me after having sent the notebook, you said you underlined in effect that there has been a big change, and the big change has to do with: Is she really an empress or is she of lower status; and does she want to be alone or does she want to be with someone else.
- N: When I wrote you the first one [the notebook], we were still living in our old house; the tie-in between changing from the queen to the grand duchess, do you mean? was moving into this new place. This new place is Aquitania, and there is a little room in the back—it used to be the garage—and it was made over into like a spare room, and that's where we stored our stuff, and I cleaned it all up and put a sofa in there and a heater and a little record player, and I have a little spare room

- in the back yard, and I go back there to be alone. That's the shrine Atsugi; that's where I go for my meditation and to read my Oriental philosophy book.
- Dr. S: You said in the letter that I got today that there has been a change: "Evidently your suggestions for her Majesty's projected fate last spring were made without divining the extent to which this would involve me. Indeed it shifts and reorients every star in my universe."
- N: Oh yeah, well, you got me started on this kick now, because you remember . . . back last spring. . . . what you said?
- Dr. S: Yes.
- N: Well that hasn't happened and in a way . . .
- Dr. S: Let me see if I understand what you are referring to. The thing I am thinking of when you say "What did I say?" was that it is possible that she might be reached romantically and sexually and that she might open her heart and her legs and her body and her defenses against being hurt and accept a man; and you, I suggested, might try this on in your fantasies, that instead of her always falling behind her fortifications and grabbing her army around her and then being just as frustrated as hell—just horny frustrated, horny for romantic feelings as well as sexual feelings—that instead of her always doing that, that she take a chance and open up. Is that what you are referring to?
- [Patient shakes head "yes".]
- And you are saying now that that hasn't happened and nobody has gotten to her yet.
- N: That is the only way it came out.
- Dr. S: But it's being attempted?
- N: Uh huh.
- Dr. S: You have to work on it for a while. What's the danger? The twin [A man] inside?
- N: Yeah, maybe. I thought too that maybe I'm in love with myself in a different sense than a person ordinarily could be. When I began this game [fantasy] way back when I was about 12, 13 years old, I even imagined my brother being a man of the enemy forces, although all spoke German and they were all very military, the whole country were very military. While *my* country was military but on a more. . . .
- Dr. S: Sensitive. . . .
- N: Yeah, more French-like. And then, while I said in the letter that maybe it wasn't my brother at all in camps on the other side. Things have shifted, and I have become so old, and it happened so long ago that maybe it's the other part of me, or another part of me. So it's always been me that pits myself against me and the relations between the two countries. And now that other part of me that's in the enemy country is definitely oriented to dominate the entire political scene and dominate both countries.
- Dr. S: Are you fearful in some way that the masculine part of you is going to emerge?
- N: Uh huh. In fact last winter I got to the point where I would be uneasy when I would go into johns sometimes, like the theaters or drive-ins, in some state of superawareness that people would know what I am, everything about me. . . . I don't want to hide things and put up a wall against them. I want to understand them. I want to bring them out. . . . and the personality that comes out of it still has to be a feminine personality. It cannot be duo this or something; I still have to evolve out of it with a feminine personality. Otherwise then I am really totally screwed up.
- Dr. S: Right. You must not end up being a man *and* a woman. But we both agree about that.
- N: Some of the things I do are very unfeminine, especially in fits of rage; . . . I don't know; they don't seem masculine but they seem more masculine than they do feminine. . . . I still bite my fingers. I remember in my freshman year in high

- school I used to bite my eraser—it [the fantasy] started with that—and then I'd bite my fingers. Why would I do something like that? And the more I drift off into the daydream world, the more I pick up the habit.
- Dr. S: Which was a habit that a *boy* had; is that what you mean? It crosses the border over into the time past, and if a habit crosses that border, then the *habit* crosses the border, and then *you* have crossed the border.
- N: Uh huh.
- Dr. S: Were there specifically masculine parts of R's [her name when a boy] life that he enjoyed?
- N: Oh yes. Toy soldiers, war games. I used to do the dishes every night to the accompaniment of exploding cannons, machine guns, bombs falling, totally occupied in war and politics.
- Dr. S: When R was totally occupied in war and politics was he a male or a female?
- N: Female! I can play different roles. I always played the role of my lover. I fancied myself being made love to by whoever it was, a soldier or a count. I think that in a way I make a very good authoress: I know how the man feels. . . .
- Dr. S: You really felt yourself to be the empress. Could you also, to *that* extent, feel yourself to be her lover?
- N: Not to that extent, but to the extent that whoever the lover was I would know how he felt about her. . . .
- Dr. S: Did you ever daydream that you were the attacking male?
- N: Only once, just to see what it was like. I didn't like it. I didn't like to experiment with that kind of stuff because I wanted to keep that area alien from my experience . . . because I didn't want to set precedents.
- Dr. S: Now, you are 13 or 14 years old and you have a penis that has erections. And you are masturbating. Do you use the same people, the same countries?
- N: Oh, everyone from movie stars to Prince Philip.
- Dr. S: When you masturbated who were you? You are creating a fantasy. . . .
- N: It was always the same . . . I was always the feminine part. I had to be; otherwise I couldn't even conjure up a fantasy.
- Dr. S: If you tried to be a man with that penis who was going to do something with it to a woman, no fantasy would occur. Did you ever try to do that?
- N: No, only just that once. I told you I was just experimenting and I think I just got out of it a broader range of adjectives.
- Dr. S: Did R ever daydream that he would be some kind of a hero or fine athlete or a man in a male profession or a man loving women?
- [Patient shakes head "no".]
- N: I cannot remember anything like that even when I was young. When I was 3 or 4 years old I was always the princess.
- Dr. S: Did you ever masturbate without a fantasy, just for the sensation?
- N: Very very seldom, because if it was just for the sensation, it is too much like penis love, or something like that.
- Dr. S: That's exactly why I'm asking the question to find out how you did "handle" that absolutely male organ?
- N: I blotted it out of my mind completely.
- Dr. S: But, you see, if you didn't have a fantasy, you couldn't blot it out: That will be just the penis having its feeling. If it's big and even more penis than at any other time, then with fantasy you can protect yourself from that terrible awareness. When your penis was erect, you could tell yourself that you are a girl, you can have daydreams that you are a girl, but there is a part of you somewhere that knows there is a penis there, right?
- N: Uh huh. I don't think that it makes any more . . . because it is a physical thing, an urge that I couldn't stop from being satisfied no matter how hard I tried, no matter how bad it screwed me up; to top everything else off, I had to be religious

and that made it even more difficult. I imagine that the feeling that I must have imagined would be considerable to how I feel now. I mean, after all, I have still got the same penis. It's just differently arranged, that's all. [Penile and scrotal skin were used by the surgeons as the vaginal lining.]

DISCUSSION

The bisexuality of transsexuals consists of this: They are biologically normal males, recognized by all from birth on as males, who, in the first year or two of life, are already behaving like girls; the feeling of being profoundly feminine—"I feel like a female"—coexists with the awareness of the fact, "I am, in body, a male." As adults, they try to change their bodies to fit these feelings and become to all outward appearances the women they feel they are.

Having seen the transsexuals' feminine behavior, we have tried to learn if it is sustained from below by equally feminine fantasies. We have also wanted to find the fate of the opposite pole of their gender identity, their knowledge, "I once was a boy." The data pertaining to these issues are hidden behind the surprisingly unaffected femininity these children display. We know that the little boy works to rid himself of his awareness of being male and that his mother assists him in this to the extent of being thrilled with his femininity. Not only did she help produce it in the symbiosis, but she encouraged this behavior when it began to manifest itself. Later, when he learns (usually at school) that dressing and playing as a girl is disapproved, he yearns to return to the old familiar feminine patterns. His mother tries to help him, conspiring with the child by permitting him to express his feminine aspirations openly, at home.

But his awareness of his male anatomy and his awareness that society has unequivocally assigned him to the class male cannot be removed; it lingers permanently inside, crying out for resolution. His drive to rid himself of his male genitals and otherwise to transform himself into a female are his attempts to end his uncertainty, his consciously experienced "two-sexuality."

The second case illustrates the fate of the transsexual's bisexuality if not treated in childhood. This patient gave up the struggle to live by even the minimum behavior society expects when it categorizes one as male, passed as a female, and was eventually "transformed" into a "female." But she could not lose the knowledge that she was once male. This sense of maleness was embedded within her, interfering with her total acceptance of herself as a female.

These two cases permit us (with caution) to trace chronologically the fate of the bisexuality in transsexualism as follows. The feeling of being feminine is established early in the special, uninterrupted closeness with mother and is later sustained by this relationship. Simultaneously, the awareness of being a male is also established (by the infant's clear-cut assignment to and acceptance as a member of the male sex), but how a male should behave is not taught or encouraged at home. On the other hand, in school he is forced to try to learn masculinity in order to avoid punishment, though seeking relief in feminine fantasy, which reflects and also reinforces the femininity in the child's identity. Following puberty, he-she will shed the flimsy, imitated male role and permit the more or less secret role to flower, regardless of conse-

quences (Newman, 1970). *The transsexual's drive toward sex change is an attempt to resolve the sense of being an individual of two sexes by removing the unwanted male sex.* But even with hormones, surgery, and passing as a woman, a flaw remains, because the feeling of having been—and at a deeper level of still being—male cannot be fully extirpated. The bisexuality will thus persist despite the enormous changes in body appearance and gender role.

We are reminded of the papers of Johnson and Szurek (e.g., 1952), who showed how parental fantasies, transmitted into action, created egosyntonic (nonconflict produced) lacunae in superego development. These authors have described an important aspect of parent–infant relationships and of the creation of the psychic structure. Similarly in these transsexual children, femininity flourishes because the parents do not prohibit girlish behavior in a boy as do other parents but instead subtly support such behavior. Only in the school years does the child come into conflict because of his femininity and then only because of external pressure against it in school. But within himself, superego prohibitions which would inhibit such behavior have not formed.

These mothers are infinitely attentive to signs of masculine behavior, discouraging these as intensely as they lovingly encourage femininity. But they are not monsters deliberately setting out to create a transsexual; their reasons for feminizing their boys are unconscious, and so they have enormous difficulty realizing what they are doing when this is pointed out in treatment. Still, they do not only what is necessary to start the creation of the feminine side of the bisexuality, but also what must be done to maintain the process. We saw this in the vignette of the Halloween costume, and you may well imagine there is an unending supply of similar anecdotes from other transsexuals' families. That the fathers permit this to go on (and maybe even subtly encourage it) is not the subject of this paper but is nonetheless worth noting here.

It seems impossible to treat the adult transsexual successfully (meaning to make him glad to be a man) by psychological means; at least no one has yet reported such a success. Our first case illustrates how difficult the treatment can be in a child who has not yet finished creating his gender identity. Even at age 6 or 7, our work is formidable, and not only because the parents may undermine any movement toward masculinity. We see the terrible pain and sadness in these little boys as we force them to resolve their bisexuality. They too have been trying for resolution, that is, to cut out their awareness of maleness. They are like refugees driven from a beloved homeland, forced to put on an identity (masculine) that even with practice does not quite fit, to walk in ways that are awkward, to talk with inflections and on subjects that are alien, and to allege affections that scarcely exist. Forced by neighbors, companions, siblings, teachers, and finally “the police”—us therapists—to leave this lovely homeland, they cannot help but fight against us, and as our power begins to show its full strength, their fight to return home goes underground into fantasy. But note: for years in treatment they may not side with us, the authorities who have cut them off from where they are sure they should be; their wish to be females does not become distorted by unconscious ego and superego counterforces siding with the authorities, does not search for substitute formations, and especially does not go into the unconscious to exert its effects by means of symptom formation, reaction formation, and all the compromises between unconscious drives and the controls of ego and superego with which we are

familiar in other struggles over bisexuality. The wishes and fantasies are not unconscious, only secret.

If our analogy has some truth, then it may also fit our expectations about therapy. We feel that as profoundly as these boys may experience the feminine part of their bisexuality, this femininity is still not as fixed as it is in the adult transsexual. We are beginning to have successes in treating children and so believe the femininity may be altered as we show them the new "country." We are optimistic that, after mourning their loss, these boys can experience that it is indeed worthwhile to be a male. We hope just as learning a new country's language is easier for children than adults, even these "displaced" children can learn the new language of masculinity.

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